Los Angeles County Sheriff's Department

Officer Involved Shooting

Report Date: 11/25/2018	Bureau/Station/Facility: North Patrol Division / Lancaster Station	Admin. Invest.? ☐ Hit? ☑

Incident Information

URN: 018-24528-1127-056	Date: 11/25/2018 Time: 1603 Hours
City or Station: Lancaster	Nature of Incident: The suspect threatened to stab two victims with a knife. The suspect also threatened to stab and aggressed the responding Deputy when the shooting occurred.
Location: 48th Street West and West Avenue J-5, Lancaster, CA 93536	

Location Type (*check one or more*):
- ☐ Backyard
- ☐ Beach
- ☐ Business
- ☐ Freeway
- ☐ Industrial
- ☐ Park
- ☐ Parking Lot
- ☑ Residence
- ☐ Rural
- ☐ School
- ☑ Street
- Other:

Lighting (*check only one*):
- ☐ Darkness
- ☑ Daylight
- ☐ Other
- ☐ Street Lights

Weather (*circle only one*):
- ☑ Clear
- ☐ Cloudy
- ☐ Fog
- ☐ Rain

Distance: 10 - 15 Feet

Incident Type (*check one or more*):
- ☐ Accidental
- ☑ Armed Person
- ☐ Fleeing Suspect
- ☐ Foot Pursuit
- ☐ Gun Take Away
- ☐ Moving Vehicle
- ☐ Sniper/Ambush
- ☐ Startle
- ☐ Struggle Involved
- ☐ Traffic Stop
- ☐ Unarmed Person
- ☐ Unintentional
- ☐ Vehicle Pursuit
- ☐ Warrant Service
- ☐ Warning Shot
- Other:

Initiated by (*check only one*):
- ☐ Arrest Warrant
- ☑ Call
- ☐ Observation
- ☐ One Person Unit
- ☐ Other
- ☐ Search Warrant
- ☐ Two Person Unit

Prior Activity (*check only one*):
- ☐ Detective
- ☐ Inmate Transport
- ☐ Other
- ☑ Routine Patrol

Aero Unit? ☐ Canine Unit? ☐

Total # of Shots Fired by Deputy	Total # of Shots Fired by Suspect
5	0

Employee Witnesses

Employee #	Last Name	First Name	M.I.	ShiftTime (*check only one*)	ShiftType (*check only one*)
[redacted]	Lee	Jonathan	A.	☐ EM ☑ PM ☐ Day	☑ Regular ☐ Overtime ☐ Off Duty
[redacted]	Goffigan	Elijah	J.	☐ EM ☑ PM ☐ Day	☑ Regular ☐ Overtime ☐ Off Duty
				☐ EM ☐ PM ☐ Day	☐ Regular ☐ Overtime ☐ Off Duty

Non-Employee Witnesses

Last Name [redacted]		First Name [redacted]		M.I. [redacted]	
Street Addr [redacted]	City [redacted]	Zip C [redacted]	W [redacted]	H [redacted]	
Last Name [redacted]		First Name [redacted]		M.I. [redacted]	
Street Addr [redacted]	City [redacted]	Zip [redacted]	Work P [redacted]	H [redacted]	
Last Name [redacted]		First Name [redacted]		M.I. [redacted]	
Street Addre [redacted]	City [redacted]	Zip [redacted]	W [redacted]	Home P [redacted]	

Supervisors

Employee #	Last Name	First Name	M.I.	(*check one or more*)
[redacted]	[redacted]	[redacted]	[redacted]	☑ On Duty ☐ Present during shooting ☐ Witness to shooting ☐ Involved in shooting
[redacted]	Politano	Michael	V.	☑ On Duty ☐ Present during shooting ☐ Witness to shooting ☐ Involved in shooting

Watch Sergeant

Employee #	Last Name	First Name	M.I.
[redacted]	Arcidiacono	Frank	J.

Watch Commander

Employee #	Last Name	First Name	M.I.
[redacted]	Arnold	Layne	B.

PSTD Use Only

SH # ____________

See Reverse

Officer Involved Shooting

Rollout Information

Arrival Date	Arrival Time	Date Submitted	Date of Recommendation
11/25/2018	2000 hours	11/26/2018	11/25/2018

Employee #	Last Name	First Name	M.I.
[redacted]	[redacted]	[redacted]	
[redacted]	Castillo	Maricella	
[redacted]	Dinh	Minh	G.

Shooting / Force Information

Method

(AW) Arwen
(BC) Baton:(Control)
(BI) Baton:(Impact)
(BF) Bodily Fluids
(CN) Canine
(CR) Carotid Restraint
(CH) Choke Hold
(CT) Control Holds:(Control Techniques)
(TT) Control Holds:(Team Takedown)
(TD) Control Holds:(Takedown)
(CE) Chemical
(OC) Chemical Agents (OC Spray)
(TG) Chemical Agents (Tear Gas)
(EX) Explosives
(FH) Firearm (Handgun)
(FR) Firearm (Rifle)
(FS) Firearm (Shotgun)
(FO) Firearm (Other)
(FB) Flashbang
(FL) Flashlight
(OE) Other Weapon: Edged
(OV) Other Weapon: Vehicle
(OB) Other Weapon: Blunt Object
(OO) Other Weapon: Other
(PK) Personal Weapon: Feet/Leg: (Kick)
(PS) Personal Weapon: Feet/Leg: (Sweep)
(PH) Personal Weapon (Hand/Arm)
(PP) Personal Weapon (Push)
(PO) Personal Weapon (Other)
(RS) Resistance
(CN) Restraint Device (Capture Net)
(RH) Restraint Device (Handcuffs)
(HB) Restraint Device:Hobble (Legs Only)
(TP) Restraint Device:Hobble (TARP)
(RE) Restraint Device: REACT Belt
(SP) Sap
(SH) Shield
(SG) 37mm Stinger
(SB) Sting Ball
(ST) Stun Bag
(TR) Taser
(UC) Uncooperative

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

Body Part Injured

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hand
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(SH) Shoulder
(WR) Wrist

Brand

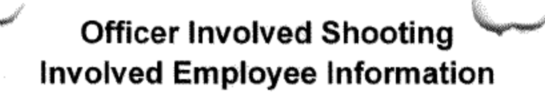
(AK) AK-47
(BN) Benelli
(BR) Beretta
(BW) Browning
(CH) Charter Arms
(CO) Colt
(DA) Davis Industries
(GL) Glock
(HA) Harrington & Richardson
(HI) Hi Standard
(HK) H & K
(IT) Ithica
(IV) Iver Johnson
(JE) Jennings
(LO) Lorcin
(LU) Luger
(MA) Marlin
(MO) Mossberg
(NC) NCI aka SKS
(NA) North American
(NO) Norinco
(RA) Raven
(RM) Remington
(RG) RG
(RI) RGI
(RO) Rossi
(SW) Smith & Wesson
(SR) Sturm Ruger
(SS) SIG Sauer
(ST) Sterling
(TA) Taurus
(WE) Weatherby
(WN) Winchester
(US) US Government
(YY) Handmade (Inmate)
(XX) Homemade (Non-Inmate)
(ZZ) Other Brand

Caliber

(9) 9 mm
(10) 10 mm
(12) 12 guage
(20) 20 guage
(21) .22-250
(22) .22 caliber
(23) .223 caliber
(24) .243 caliber
(25) .25 caliber
(30) .308 caliber
(35) .357 caliber
(36) 30-60 caliber
(38) .38 caliber
(40) .40 caliber
(41) .410 guage
(44) .44 caliber
(45) .45 caliber
(50) 50 mm
(SL) Slug
(WW) Other caliber

FORCE APPLIED *(one code per block)*

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S #1	E #1	OE	ZZ	N/A	N/A	N/A	NN	N/A
E #1	S #1	FH	SW	9	Y	Y	GS	AD



Officer Involved Shooting
Involved Employee Information

URN: 018-24528-1127-056

Involved Employee

E 1

Employee # [redacted]	Last Name: Driscoll	First Name: Parker	M.I.: J.
Sex: M Race: W	Rank: DSG	Unit Assignment: Lancaster Station	Work Assignment (Unit #, Module, etc.): 111H
ShiftTime (*circle only one*): ☐ EM ☑ PM ☐ Day	ShiftType (*circle only one*): ☑ Regular ☐ Overtime ☐ Off Duty	Intoxication/Drug Usage? ☐	Substance Used:
Hospital Admission? ☐	Hospital Name:	Coroner Case? ☐	Coroner Case # / Interviewed? ☐
Hrs of sleep prior to shooting: 7-8 hours	[redacted]	Clothing (*circle only one*): ☐ Plain Clothes no Vest ☐ Plain Clothes w/ Vest ☐ Raid Jacket no Vest ☐ Raid Jacket w/ Vest ☐ Uniform no Vest ☑ Uniform w/ Vest	Other Factors:
Age: [redacted] Height: 6' 03"	Weight: 190		
Range Qualification Date: [redacted]	PPC Qualification Date: [redacted]	Laser Training Date: [redacted]	
Certified with Weapon Used? [redacted]	Patrol Certification? [redacted]	Certification Unit: [redacted]	Prior Shootings? [redacted] Number of Prior Shootings: [redacted] Directed Force: [redacted]
Weapons Fired Brand: Smith & Wesson	Caliber: 9mm	# Shots: 5	Weapons Fired Brand: Caliber: # Shots:
Field Training Officer Emp # [redacted]	Last Name [redacted]	First Name [redacted]	M.I. [redacted]
Field Training Officer Emp # [redacted]	Last Name [redacted]	First Name [redacted]	M.I. [redacted]

E

Employee #	Last Name	First Name	M.I.
Sex: Race:	Rank:	Unit Assignment:	Work Assignment (Unit #, Module, etc.):
ShiftTime (*circle only one*): ☐ EM ☐ PM ☐ Day	ShiftType (*circle only one*): ☐ Regular ☐ Overtime ☐ Off Duty	Intoxication/Drug Usage? ☐	Substance Used:
Hospital Admission? ☐	Hospital Name:	Coroner Case? ☐	Coroner Case # / Interviewed? ☐
Hrs of sleep prior to shooting:	Duty Time (hrs):	Clothing (*circle only one*): ☐ Plain Clothes no Vest ☐ Plain Clothes w/ Vest ☐ Raid Jacket no Vest ☐ Raid Jacket w/ Vest ☐ Uniform no Vest ☐ Uniform w/ Vest	Other Factors:
Age: Height:	Weight:		
Range Qualification Date:	PPC Qualification Date:	Laser Training Date:	
Certified with Weapon Used? ☐	Patrol Certification? ☐	Certification Unit:	Prior Shootings? ☐ Number of Prior Shootings: Directed Force: ☐
Weapons Fired Brand:	Caliber	# Shots	Weapons Fired Brand: Caliber # Shots
Field Training Officer Emp #	Last Name	First Name	M.I.
Field Training Officer Emp #	Last Name	First Name	M.I.

E

Employee #	Last Name	First Name	M.I.
Sex: Race:	Rank:	Unit Assignment:	Work Assignment (Unit #, Module, etc.):
ShiftTime (*circle only one*): ☐ EM ☐ PM ☐ Day	ShiftType (*circle only one*): ☐ Regular ☐ Overtime ☐ Off Duty	Intoxication/Drug Usage? ☐	Substance Used:
Hospital Admission? ☐	Hospital Name:	Coroner Case? ☐	Coroner Case # / Interviewed? ☐
Hrs of sleep prior to shooting:	Duty Time (hrs):	Clothing (*circle only one*): ☐ Plain Clothes no Vest ☐ Plain Clothes w/ Vest ☐ Raid Jacket no Vest ☐ Raid Jacket w/ Vest ☐ Uniform no Vest ☐ Uniform w/ Vest	Other Factors:
Age: Height:	Weight:		
Range Qualification Date:	PPC Qualification Date:	Laser Training Date:	
Certified with Weapon Used? ☐	Patrol Certification? ☐	Certification Unit:	Prior Shootings? ☐ Number of Prior Shootings: Directed Force: ☐
Weapons Fired Brand:	Caliber	# Shots	Weapons Fired Brand: Caliber # Shots
Field Training Officer Emp #	Last Name	First Name	M.I.
Field Training Officer Emp #	Last Name	First Name	M.I.

See Other Side



Officer Involved Shooting Suspect Information

URN: 018-24528-1127-056

Suspect Information

S 1

Last Name: Sanchez		First Name: Eduardo	M.I.
AKA Last Name		First Name	M.I.
Sex: M Race: H	Street Address: [redacted]	City [redacted]	State & Zip Code: [redacted]
Work Phone:	Home Phone:	Social Security #:	Driver's Licen[redacted]
Age: 21 D.O.B. 07/27/1997	Height: 510 Weight: 300	FBI # [redacted]	CII # [redacted]
Booking # 5481205	Primary Charge: 245(C)PC	Secondary Charge: 245(a)(1) PC	
Coroner Case? ☐	Coroner Case #	Intoxication/Drug Usage? ☑	Substance Used:
Armed? ☑	Apprehended? ☑	Mental Illness? ☑	Criminal History? [redacted]
Vehicle Make Model:	Year:	Parole: Probation: [redacted]	Prior Felony Conviction: [redacted]

S

Last Name		First Name	M.I.
AKA Last Name		First Name	M.I.
Sex: Race:	Street Address:	City	State & Zip Code:
Work Phone:	Home Phone:	Social Security #:	Driver's License #:
Age: D.O.B.	Height: Weight:	FBI #	CII #
Booking #	Primary Charge:	Secondary Charge:	
Coroner Case? ☐	Coroner Case #	Intoxication/Drug Usage? ☐	Substance Used:
Armed? ☐	Apprehended? ☐	Mental Illness? ☐	Criminal History? ☐
Vehicle Make Model:	Year:	Parole: Probation:	Prior Felony Conviction:

S

Last Name		First Name	M.I.
AKA Last Name		First Name	M.I.
Sex: Race:	Street Address:	City	State & Zip Code:
Work Phone:	Home Phone:	Social Security #:	Driver's License #:
Age: D.O.B.	Height: Weight:	FBI #	CII #
Booking #	Primary Charge:	Secondary Charge:	
Coroner Case? ☐	Coroner Case #	Intoxication/Drug Usage? ☐	Substance Used:
Armed? ☐	Apprehended? ☐	Mental Illness? ☐	Criminal History? ☐
Vehicle Make Model:	Year:	Parole: Probation:	Prior Felony Conviction:

S

Last Name		First Name	M.I.
AKA Last Name		First Name	M.I.
Sex: Race:	Street Address:	City	State & Zip Code:
Work Phone:	Home Phone:	Social Security #:	Driver's License #:
Age: D.O.B.	Height: Weight:	FBI #	CII #
Booking #	Primary Charge:	Secondary Charge:	
Coroner Case? ☐	Coroner Case #	Intoxication/Drug Usage? ☐	Substance Used:
Armed? ☐	Apprehended? ☐	Mental Illness? ☐	Criminal History? ☐
Vehicle Make Model:	Year:	Parole: Probation:	Prior Felony Conviction:

See Other Side

SUPPLEMENTAL NON-EMPLOYEE WITNESSES
Los Angeles County Sheriff's Department

Non-Employee Witnesses

Last Name [redacted]	First Name [redacted]		M[redacted]
Street Address [redacted]	Zip Code [redacted]	Work Ph[redacted]	Home Ph [redacted]
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph